

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mack Brown

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH **24532**

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 5th
 OR
 Village Granville Tn
 OR
 City _____ (No. _____, St.; _____ Ward)

Registration District No. _____
 Primary Registration District No. _____

File No. _____
 Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mack Brown Jr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
 6 DATE OF BIRTH Aug 1, 1922
 (Month) (Day) (Year)
 7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson Co.

10 NAME OF FATHER Mack Brown

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER Ruby Myers

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] T. M. Watts & Co
 [Address] Granville Ten

15 Filed Dec 13 1927 H. S. Holliman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1922 to Aug 11, 1922, that I last saw him live on Aug 11, 1922 and that death occurred, on the date stated above, at 11 P. M
 The CAUSE OF DEATH* was as follows:

Tetanus infection
presumably through cut
29
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed L. M. Freeman M. D.
 _____ 1927 Address Granville Ten

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Myers Graveyard DATE OF BURIAL Aug 14 1927

20 UNDERTAKER T. M. Watts & Co ADDRESS Granville Ten